MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

06928

CERTIFICATE OF DEATH

Reg. Dist. No. 2616

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Ewell
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Ewell Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: None Still Born - Bradshaw

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	— —

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): June 1st 1940

8. AGE: Years: — Months: still born - Days: — If less than one day: — hrs. — min.

9. Birthplace: Rhodes Point -
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Edgar Franklin Bradshaw -
13. Birthplace: Rhodes Point -

MOTHER
14. Maiden name: Lulu Helen Pearson -
15. Birthplace: St Georges Island Maryland

16. Informant: Lulu Bradshaw mother
Address: Rhodes Point -

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 1 1940 (month) (day) (year)
Cemetery or crematory:
Location:

18. Funeral director: his father.
Address: Rhodes Point -

19. Oct 1 1940 (Date rec'd by registrar) Carrie Kitching Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19— to — 19—; and that I last saw h— alive on — 19—.

Immediate cause of death	DURATION
Still Born -	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: 6 months Pregnancy - -
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Lynette V Hoffman M. D. or other
Address: Rhodes Point mid wife - Date signed

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OCT 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

06927

CERTIFICATE OF DEATH

Reg. Dist. No. 266

1. PLACE OF DEATH:
County Somerset
City or town Rhodes Point
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Rhodes Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME No Name Still Born - Bradshaw

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
not known	W	8 month pregnancy

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years	Months	Days	If less than one day
—	—	—	— hrs. — min.

9. Birthplace Rhodes Point - md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Preston Miles Bradshaw
13. Birthplace Rhodes Point

MOTHER
14. Maiden name Cynthia Virginia Evans
15. Birthplace Rhodes Point - md

16. Informant Cynthia Bradshaw mother
Address Rhodes Point -

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof — — —
(month) (day) (year)

Cemetery or crematory
Location Preston Miles Bradshaw father

18. Funeral director
Address Rhodes Point

19. Oct 1 19 40 Harris Kitching
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw h— alive on ——— 19—.

Immediate cause of death	DURATION
Due to Still Born	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lynette Hoffman mid wife
M. D. or other
Address Rhodes Point Date signed 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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OCT 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06752

1. PLACE OF DEATH (85)

County Somerset Registration Dist. No. 260

Village or City ..... No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daisy Estelle Brereton If U. S. Veteran, specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 26-1881

7. AGE Years 59 Months 4 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. .....

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Somerset

FATHER

13. NAME George W. Brereton

14. BIRTHPLACE (city or town) (State or country) Somerset

MOTHER

15. MAIDEN NAME Sarah Lankford

16. BIRTHPLACE (city or town) (State or country) Somerset

17. INFORMANT (Address) Margarette Brereton P. Anne

18. BURIAL, CREMATION, OR REMOVAL

Place P. Anne Date July 3, 1940

19. UNDERTAKER (Address) P M Smith Princess

20. FILED July 1st, 1940 T J Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 30, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Epilepsy	25 yrs

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T J Smith M. D.

(Address) Dr Anne Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06753

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 264

1. PLACE OF DEATH:

County Somerset

City or town Upper Fairmount

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset

City or town _____ Ward No. _____

(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Marie A. Busch

3. (b) Social Security Number

4. Sex: female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6(b) Name of husband or wife: Rudolph

deceased 6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): July 5, 1874

8. AGE: Years 65 Months 11 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace: Litvia, (Town, county, and state)

10. Usual occupation: domestic

11. Industry or business

FATHER

12. Name: J. Kreuzien

13. Birthplace: Litvia

MOTHER

14. Maiden name: Katherine Frischoltz

15. Birthplace: Litvia

16. Informant: John Busch

Address: Upper Fairmount, Md

17. _____ (Burial, cremation, or removal. Which?) Date thereof _____ (month) (day) (year)

Cemetery or crematory: Fairmount, Md

Location _____

18. Funeral director: Harry B. Miles

Address _____

June 24th 1940 K. O. Dickinson

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21st 1940, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19__, to _____ 19__, and that I last saw her alive on June 21st 1940.

Immediate cause of death: Myocardial Failure — DURATION 5/18/40

Chronic Myocarditis Duration: 3 years

Due to: Hypertension — 2/6/37

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy _____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE: Geo. B. Malegnos M. D. or other

Address: Princeton Md Date signed 6/22/40

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 2 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (168)

06754

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:
County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Somerset
City or town Marinas Section Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
~~Street~~ No. Rural near Crisfield
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James E. Cox.

3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Iona Cox
6(c) If alive, give age 69 years
7. Birth date of deceased (mo., day, yr.) Sept. 24th 1870

8. AGE: Years 70 Months 8 Days 14 If less than one day ___ hrs. ___ min.

9. Birthplace Somerset Co. Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Cultivating Fruit & Veg.
FATHER 12. Name James E. Cox
13. Birthplace Md
MOTHER 14. Maiden name Margaret Purnell
15. Birthplace Md.
16. Informant Harold Cox
Address Crisfield, Md.
17. Burial Date thereof June 11th 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Bedsworth Cemetery.
Location Marinero near Crisfield
18. Funeral director F. S. Lawson & Son.
Address Crisfield, Md.
19. June 10, 1940 C. E. Collins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8th 1940 Between 5 & 7 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Was dead when I arrived 19__ to 19__
and that I last saw h— alive on — 19—
Immediate cause of death Homicide
Asphyxia due
Due to Odema and
Due to Fracture of Trachea
Other conditions and Larynx
(Include pregnancy within 3 months of death)
Major findings:
Of operations no operation
Of autopsy Same as above

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Cd Date 6/8/40
Where did injury occur? Dont Know (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm H Coulbourn M D
M. D. or other
Address Crisfield Md Date signed 6/10/40
Deputy Medical Examiner for Somerset

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

66755

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131-a)

1. PLACE OF DEATH

County Somerset Registration Dist. No. 270

Village or City Near Crisfield No. McCrea dy Memorial Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ola Garrison Cullen If U. S. Veteran, specify WAR

(a) Residence: No. Hopewell, Rual St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wade Cullen

6. DATE OF BIRTH (month, day, and year) Dec 15 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marion Station Md

FATHER

13. NAME John H Garrison

14. BIRTHPLACE (city or town) (State or country) Marion Station Md

MOTHER

15. MAIDEN NAME Julia Horsey

16. BIRTHPLACE (city or town) (State or country) Marion Station Md

17. INFORMANT (Address) Jessie Culen Hopewell Md

18. BURIAL, CREMATION, OR REMOVAL Place StPauls Cem Date June 20 1940

19. UNDERTAKER (Address) John E Bradshaw Crisfield Md

20. FILED 6/20, 1940 Aurelia B. Lawson 5th Reg. C E Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 18 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1940, to June 18, 1940

I last saw her alive on June 18, 1940; death is said to have occurred on the date stated above, at 10 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Dis of Heart	
Uremia	

Other Contributory Causes of importance:

Chronic Duty Nephritis
Chronic Myocarditis

Name of operation — Date of

Whet test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C.C. Wilkinson M. D.

(Address) Sacramento Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED JUL 5 1940 BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06756

Reg. Dist. No. 760

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Manokin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 10 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Manokin (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Isabel Dixon

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	Col	widowed

6 (b) Name of husband or wife: Charles Dixon deceased 6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 7 1870

8. AGE: Years	Months	Days	If less than one day
70	4	3	hrs. min.

9. Birthplace: Eastville, Northampton County, Va (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: George Cisco
13. Birthplace: ? Va
MOTHER 14. Maiden name: Mary Taylor
15. Birthplace: unknown
16. Informant: Margaret Dillard
Address: Manokin Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 12 1940 (month) (day) (year)
Cemetery or crematory: Mt. Vernon Westover Cem.
Location: Westover Md
18. Funeral director: J. M. A. Bradshaw
Address: Crisfield Md
19. 6/17 1940 (Date rec'd by registrar) J. Kinnick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 10 1940, at 10 A.M.
21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Aug. 19 1939 to June 10 1940, and that I last saw h[illegible] alive on June 10 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	36 hrs.
Due to Hypertension	[illegible]
Due to Chronic myocarditis. Duration 2 [illegible]	
Other conditions Ch. Myocardial Failure	2 yrs.

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Thos. B. Mulligan M. D. or other
Address: Princess Anne Date signed 6/11/40

RECEIVED
JUL 8 1940
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

06926

CERTIFICATE OF DEATH

Reg. Dist. No. 266

1. PLACE OF DEATH:

County Somerset

City or town Ewell Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Ewell Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME still Born - Evans

3. (b) Social Security Number

4. Sex unknown

5. Color or race White

6. (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — — —

8. AGE: Years — Months 3 Days — If less than one day — hrs. — min.

9. Birthplace Ewell (Town, county, and state)

10. Usual occupation ~~Waterman~~

11. Industry or business

FATHER 12. Name Willie M Evans

13. Birthplace Tylerton Md

MOTHER 14. Maiden name Ester Middleton

15. Birthplace Ewell Md

16. Informant —

Address —

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 30 1940 (month) (day) (year)

Cemetery or crematory Ewell

Location

18. Funeral director Father

Address Ewell Md

19. 1940 (Date rec'd by registrar) Carrie Kitching Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1940, at 8/A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death Stillborn

Due to

Due to

Other conditions Mid Wife Lynette Hoffman

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carrie M. Kitching M. D. or other

Address Ewell Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 3 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

06757

(131-a)

1. PLACE OF DEATH

County Somerset Registration Dist. No. 265

Village or City Crisfield No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Grover Cleveland Evans If U. S. Veteran, specify WAR

(a) Residence: No. Cove St St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Riggin Evans

6. DATE OF BIRTH (month, day, and year) June 9 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Waterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Smith Island Md

FATHER

13. NAME Wm Horace Evans

14. BIRTHPLACE (city or town) (State or country) Smith Island Md

MOTHER

15. MAIDEN NAME Mary Cathrine Marsh

16. BIRTHPLACE (city or town) (State or country) Smith Island Md

17. INFORMANT (Address) Horace Evans Crisfield Md

18. BURIAL, CREMATION, OR REMOVAL
Place Crisfield Cem Date June 20, 1940

19. UNDERTAKER (Address) John A. Bradshaw Crisfield Md

20. FILED June 19, 1940 C E Hollinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 18, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1940, to June 18, 1940

I last saw him alive on June 18, 1940; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardio-vascular-renal disease

Date of onset

Other Contributary Causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ✓, 19

Where did injury occur? ✓
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Chas. P. Schwatka M. D.

(Address) Crisfield, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JUL 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06758

(131-a)

1. PLACE OF DEATH

County Somerset Registration Dist. No. 761

Village or City Marion Sta Md No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Evans If U. S. Veteran, specify WAR

(a) Residence: No. Marion Md St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6. DATE OF BIRTH (month, day, and year) Sept 22 1881

7. AGE Years 38. Months 6 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Labor
10. Date deceased last worked at this occupation (month and year) May 15
11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (city or town) Md
(State or country) Somerset

FATHER
13. NAME Soloman Evans
14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER
15. MAIDEN NAME Gusty Corner
16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Henry Evans
(Address) Marion Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Pier Cemetery Date June 16, 1940

19. UNDERTAKER Geo W Tilghman
(Address) Marion Md

20. FILED 6/15, 1940 Aurelia J Lawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1940, to June 13, 1940

I last saw him alive on June 13, 1940; death is said to have occurred on the date stated above, at 10.30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Dil Heart	
Coronary Embolic	June 13 40

Other Contributory Causes of Importance:

Chronic Out nephritis	Years
Chronic myocarditis	

Name of operation no Date of

What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George E Coulbourn M. D.

(Address) Marion Sta Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUL 3 1940 BUREAU V. S. H.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131.8)

WITHIN CORPORATE LIMITS OF

06759

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Isaac Hayward

3. (b) Social Security Number: None

4. Sex: M

5. Color or race: C

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Millie Hayward

Deseased

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: about 79 Months: ? Days: ? If less than one day ____ hrs. ____ min.

9. Birthplace: Revells Neck Somerset Md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER

12. Name: Edward Hayward

13. Birthplace: Somerset County

MOTHER

14. Maiden name: Lyddie Miles

15. Birthplace: Somerset County

16. Informant: Roger King

Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 11 1940 (month) (day) (year)

Cemetery or crematory: Lawsonia Cem

Location: Crisfield Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. June 11 1940 (Date rec'd by registrar) C E Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1940, at 11:35 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 6 1940, to June 8 1940, and that I last saw him alive on June 8 1940.

Immediate cause of death: Chronic Nephritis. Duration: two or three months.

Due to: Infection. Type of infection: Unknown.

Due to

Other conditions: Edema

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: April 6 to June 8 1940

May 1940

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: W. J. Barkley, M.D. M. D. or other

Address: 309 W. 2nd, ave. Date signed: 6/11/40

RECEIVED
JUL 5 1940
BUREAU V. S.

06760

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset

City or town Marion Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) — dead Born

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State Md County Somerset

City or town Marion Station Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Johnson

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Col	Infant

6 (b) Name of husband or wife none

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) dead Born - 4 to 5 months Jackson

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Marion Sta RD Md

(Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER

12. Name Stanley Johnson

13. Birthplace Md

MOTHER

14. Maiden name Mildred Davis

15. Birthplace Md.

16. Informant Stanley Johnson

Address Marion Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 29 1940 (month) (day) (year)

Cemetery or crematory Lilinia

Location Somerset Co. Md

18. Funeral director by Folter Stanley Johnson

Address Marion Md

19. 7/1 1940 (Date rec'd by registrar) Aurelia B Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH not by June 29 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death dead Born Fraction Female about 4 to 5 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C Goodhart M D M. D. or other

Address Marion Md Date signed July 1 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06761

1. PLACE OF DEATH

County Somerset (131-a) Registration Dist. No. 261

Village or City Marion Station No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Johnson

(a) Residence: No. Marion Station St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE 60 Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Laborer

10. Date deceased last worked at this occupation (month and year) May 1940

11. Total time (years) spent in this occupation (2)

12. BIRTHPLACE (city or town) (State or country) Suffox Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT (Address) G. W. Tilghman Marion Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Pier Cemetery Date July 1, 1940

19. UNDERTAKER (Address) Geo W. Tilghman Marion Md

20. FILED 6/29, 1940 Aurelia B. Lawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 29 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dead When Fanned, 19 to 19

I last saw h — alive on 19 — death is said to have occurred on the date stated above, at Between 1 & 6 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Dropsy. Heart & Kidneys — Date of onset

Chronic interstitial nephritis. Duration: Unknown. C.W.G.R.

Other Contributory Causes of importance: Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19 —

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm H Coulbourn M. D.

(Address) Crisfield Md Somerset

Deputy Medical Examiner Co

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 3 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Social Security No.: 218-03-1887 (Ross)

STATE OF MARYLAND—CERTIFICATE OF DEATH

06762

1. PLACE OF DEATH (131-a)

County Somerset Registration Dist. No. 260

Village or City Princess Anne No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dick Jones If U. S. Veteran, specify WAR

(a) Residence: No. Prin Anne Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Jones

6. DATE OF BIRTH (month, day, and year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Mill

10. Date deceased last worked at this occupation (month and year) 7-8-39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Venton Som Co (State or country) Maryland

FATHER

13. NAME Handy Jones

14. BIRTHPLACE (city or town) Venton (State or country) Somerset Co. Md

MOTHER

15. MAIDEN NAME Lizzie Pollitt

16. BIRTHPLACE (city or town) Venton (State or country) Somerset Co. Md

17. INFORMANT Carrie Jones (Address) Prin Anne Md

18. BURIAL, CREMATION, OR REMOVAL Place Prin Anne Md Date June 9, 1940

19. UNDERTAKER Wm James Tilton (Address) Princess Anne Md

20. FILED 6/7, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 7th, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 18th, 1940, to June 7th, 1940

I last saw him alive on June 5th, 1940; death is said to have occurred on the date stated above, at 9:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	4.18.40

Other Contributory Causes of importance:

Interstitial Nephritis	4.30.40

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Cedar G. Jacksman M.D.

(Address) Princess Anne, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 3 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

06763

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town Princess Anne, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or deys)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Somerset
City or town Princess Anne, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harriett Mackey

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife Edward Mackey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE:

Years	Months	Days	If less than one day
71			hrs. min.

9. Birthplace Norfolk, Va.
(Town, county, and state)
10. Usual occupation Home Wife
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown
16. Informant John Jones.
Address Princess Anne, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-25-40 (month) (day) (year)
Cemetery or crematory Mount Carmal Cemetery
Location Princess Anne, Md.
18. Funeral director William James & Son.
Address Princess Anne, Md.
19. June 23 1940 (Date rec'd by registrar) J. T. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23rd 1940, at 6:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 23rd 1940 to June 23rd 1940, and that I last saw h-r alive on June 23rd 1940.

Immediate cause of death	DURATION
Exhaustion	
Due to Senile decay.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John D. Ruby M. D. or other
Address Princess Anne, Md. Date signed June 23/40

RECEIVED
JUL 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

tc 06764

1. PLACE OF DEATH

OUTSIDE CORPORATE LIMITS OF (8)

County Somerset Registration Dist. No. 270

Village or City Crisfield No. Cundy Rural Hosp St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred nine yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Mears If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. Pocomoke, Wor. Co.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: Male

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, and year): June 16 - 40

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

4 mills Crisfield

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Nr Crisfield, Md

FATHER

13. NAME: Jennings Mears

14. BIRTHPLACE (city or town) (State or country): Crisfield Md

MOTHER

15. MAIDEN NAME: Evelyn Holland

16. BIRTHPLACE (city or town) (State or country): Crisfield Md

17. INFORMANT (Address): Mrs Jennings Mears Pocomoke City Md

18. BURIAL, CREMATION, OR REMOVAL

Place Date , 19

19. UNDERTAKER (Address): Cremated at Hosp.

20. FILED 6/16, 1940 Aurelia B. Lawson Hosp. Resp. C. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Not Mr June 16, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h elive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prodrest of abut	
4 mills Crisfield	
Bound abt 11 Am.	
June 16 - 40	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Cullhorn M. D.

(Address) Marion Sta Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JUL 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

75-C

06765

Reg. Dist. No. 269

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Oriole
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insf. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Oriole Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Sadie Elizabeth Sidney Muir

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

8 (b) Name of husband ~~or wife~~: John L. Muir
6(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Mch. 14th 1874

8. AGE:

Years	Months	Days	If less than one day
66	3		hrs. min.

9. Birthplace: Somerset Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Philemon Sidney
13. Birthplace: Virginia

MOTHER
14. Maiden name: Cynthia Smith
15. Birthplace: Somerset Co. Md

16. Informant: Jennie Davis
Address: Oriole Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3- 1940 (month) (day) (year)
Cemetery or crematory: Oriole Md.
Location:

18. Funeral director: L. G. Webster
Address: Dames Island Md

19. 7-3-40 (Date rec'd by registrar) 19 Mrs. S. Bennett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 30th 1940, at 9 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead on arrival 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Acute Dilation of Heart	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: V. Smith M. D. or other
Address: Princess Anne Md. Date signed 7-2-40

RECEIVED
AUG 6 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57-2)

06766

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4 Hudson Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Isaiah James Parks

John Edward Parks

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Idella Fluheart

deceased

6(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.): March ? 1873

8. AGE: Years 67 Months ? Days 3 If less than one day ___ hrs. ___ min.

9. Birthplace: Fairmount, Somerset, Md (Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business

FATHER

12. Name: George Parks

13. Birthplace: Fairmount Md

MOTHER

14. Maiden name: Elizabeth ? ?

15. Birthplace: Fairmount

16. Informant: Thomas Edward Parks

Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 9 1940 (month) (day) (year)

Cemetery or crematory: Crisfield Cem

Location: Crisfield Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. June 7, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 5 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25 1940, to June 5 1940, and that I last saw h— alive on June 4 1940.

Immediate cause of death: Starvation as result of Strict use of oesophagus due probably to a growth

Due to

Due to

Other conditions: Nature of oesophageal growth: Unspecified or unknown. Duration: two months. C.W.G.R.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: Abrupt 6 mos

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C. E. Collins M. D. or other

Address: Crisfield Md Date signed 6-6-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
JUL 5 1940
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

CERTIFICATE OF DEATH

06767

Reg. Dist. No. 262

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset County

City or town: Costen, near Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 8 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Cokesbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Near, Pocomoke City, Md.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR:

3. (a) FULL NAME: Mary Ann Peacock

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 6, 1856

8. AGE:

Years	Months	Days	If less than one day
84	1	4	hrs. min.

9. Birthplace: Somerset County, Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Henry Gibbons
13. Birthplace: Somerset County Md

MOTHER
14. Maiden name: Mary Ann Scott
15. Birthplace: Somerset County, Md

16. Informant: Mr. Wallace V. Taylor

Address: Pocomoke City, Md. R F D # 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-11-40 (month) (day) (year)

Cemetery or crematory: Cokesbury Methodist Cem.

Location: Cokesbury, Md.

18. Funeral director: John A. Bradshaw

Address: Pocomoke City, Md.

19. June 11 1940 (Date rec'd by registrar) Mrs Clayton Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 10 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940, to June 10 1940, and that I last saw her alive on June 9 1940.

Immediate cause of death: Cerebral Hemorrhage

Due to: Arterio Sclerosis

Due to: Carcinoma of Breast

DURATION: Both Several years

Other conditions: Fell with cut on forehead
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: A A Parker M. D. or other

Address: Pocomoke City, Md. Date signed 6/10/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (51-B)

CERTIFICATE OF DEATH

Dr. Hill C
06768

Reg. Dist. No. 265

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 73 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Isaac James Purnell

3. (b) Social Security Number: None

4. Sex: M
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Marcelene Sterling
deseased
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): May 30 1867
8. AGE: Years 73 Months 0 Days 4 If less than one day ____ hrs. ____ min.
9. Birthplace: Somerset County
(Town, county, and state)
10. Usual occupation: Sea Food Dealer
11. Industry or business
FATHER
12. Name: John Fisher Purnell
13. Birthplace: Somerset County, Md
MOTHER
14. Maiden name: Nancy Hickman
15. Birthplace: Somerset County, Md
16. Informant: Ronald Purnell
Address: Crisfield Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6 1940 (month) (day) (year)
Cemetery or crematory: Crisfield cemetery
Location: Crisfield Md
18. Funeral director: John A Bradshaw
Address: Crisfield Md
19. June 5, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4 1940, at 1:30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 1940, to June 4 1940, and that I last saw him alive on June 3 1940.
Immediate cause of death: Cancer of
Due to: Prostate
Due to: with
Other conditions: metastases
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Wm H Coulbourn, M.D.
M. D. or other
Address: Crisfield Md Date signed: 6/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

06769

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town near Venton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Venton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Spence

3. (b) Social Security Number 376-18-9239

4. Sex Male

5. Color or race Col

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Pearl Spence

6(c) If alive, give age 19 years

7. Birth date of deceased (mo., day, yr.) July 17. 1920

8. AGE: Years 19 Months 10 Days 29 If less than one day ___ hrs. ___ min.

9. Birthplace Maryland, (Town, county, and state)

10. Usual occupation Truck driver

11. Industry or business

FATHER 12. Name Roger Spence

13. Birthplace Maryland

MOTHER 14. Maiden name Sheelin Smith

15. Birthplace Maryland

16. Informant Roger Spence

Address Venton, Md

17. burial (Burial, cremation, or removal. Which?) Date thereof 6-18-40 (month) (day) (year)

Cemetery or crematory Venton Cemetery

Location Princess Anne Md

18. Funeral director William James & Son

Address Princess Anne Md.

19. 6/18 1940 (Date rec'd by registrar) T. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 1 P M

21. I ~~CERTIFY that death occurred on the date above stated; that I attended deceased from~~ ~~19~~, to ~~19~~, ~~and that I last saw h alive on 19~~

Immediate cause of death Accidental drowning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6/16/40

Where did injury occur? Venton (City or town) Somerset (County) Md (State)

Injured at home, farm, industry, public place (where?) Monie Creek

Injured at work?

Mean of injury

23. SIGNATURE Henry M. Lankford M.D. M. D. or other

Address Princess Anne Date signed 6/18/40

HENRY M. LANKFORD, M.D.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06770

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Chance Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Chance Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James H. Teagle

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	B	married

6 (b) Name of husband or wife: Julia Teagle

6(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): May 10 - 1863

8. AGE:

Years	Months	Days	If less than one day
77		23	hrs. min.

9. Birthplace: Chance Md (Town, county, and state)

10. Usual occupation: Labor

11. Industry or business

FATHER

12. Name: Henry Teagle

13. Birthplace: Chance Md

MOTHER

14. Maiden name: Mary Jane Washield

15. Birthplace: Dorchester Co

16. Informant: Julia Teagle

Address: Chance Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 4 1940 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Chance Md

18. Funeral director: Fred T Webster

Address: Deals Island Md

19. June 4 1940 (Date rec'd by registrar) Rova Webster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2 1940, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 10 1939 to May 9 1940, and that I last saw h in alive on May 9 1940.

	DURATION
Immediate cause of death: Chronic Myocarditis	1 yr.
Due to: Arteriosclerosis	10 yrs
Due to: Hypertension	10 yrs
Due to: Cerebral Hemorrhage	10 minutes
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Victor L. Sexton M.D.

M. D. or other

Address: Deal Island Date signed 6-4-40

RECEIVED
JUL 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06771

1. PLACE OF DEATH (8)

County Somerset Registration Dist. No. 261

Village or City Marion Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Turpin If U. S. Veteran, specify WAR

(a) Residence: No. Marion Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Cae.	Depart

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 25 40

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Conduct 7	4 mo	Coupon	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marion Md (State or country)

FATHER

13. NAME Isaac Turpin

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Flossie Stutwig

16. BIRTHPLACE (city or town) Marion Md (State or country)

17. INFORMANT Isaac Turpin (Address) Marion Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Pier Cemetery Date 6/25, 1940

19. UNDERTAKER Isaac Turpin Father (Address) Marion Md

20. FILED 6/25, 1940 Aurelia B Lawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 25 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Bron Male Fetus born June 25 1940	

Other Contributory Causes of importance: Not Ma

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Coulbourn M. D.

(Address) Marion Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JUL 5 1960

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06772

Reg. Diat. No. 2621

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset

City or town Rehoboth

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 24 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Rehoboth Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Alice Lowe Vessey

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William Vessey

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) September 4, 1861

8. AGE:

Years	Months	Days	If less than one day
78	9	11	____ hrs. ____ min.

9. Birthplace Delinoise (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Sidney Lowe

13. Birthplace Pennsylvania

MOTHER

14. Maiden name Marguerite Webster

15. Birthplace Indiana

16. Informant Guy Sidney Vessey

Address Rehoboth, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 17, 1940 (month) (day) (year)

Cemetery or crematory Presbyterian Cemetery

Location Rehoboth, Md.

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md.

19. June 17 1940 (Date rec'd by registrar) Mrs B Layton Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 6:45 PM

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from June 10 1940 to June 15 1940, and that I last saw h[illegible] alive on June 15 1940.

Immediate cause of death	DURATION
Acute Bronchitis	
Due to Chronic Bronchitis & Emphysema	
Due to Cardio Arteriosclerosis	
Other conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE A. A. Parker M.D. M. D. or other

Address Pocomoke City, Md. Date signed 6/15/40

JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-L)

CERTIFICATE OF DEATH

Reg. Dist. No. 265 — 106773

WITHIN CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Somerset

County

City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 64 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: N Somerset Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lorenzo D Ward

3. (b) Social Security Number: None

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Florence Ward ?

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): ? ? 1876

8. AGE: Years: 64 Months: ? Days: ? If less than one day: hrs. min.

9. Birthplace: Crisfield, Somerset, Md
(Town, county, and state)

10. Usual occupation: Merchant

11. Industry or business: Grocery

FATHER 12. Name: Agustus Ward

13. Birthplace: Crisfield Md

MOTHER 14. Maiden name: Mary Wesley ?

15. Birthplace: Crisfield Md

16. Informant: Thomas Ward

Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 9 1940 (month) (day) (year)

Cemetery or crematory: Crisfield Cemetery

Location: Crisfield Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. June 8. 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940, at 2.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 30 1940, to June 6 1940, and that I last saw him alive on June 6 1940.

	DURATION
Immediate cause of death: Coronary occlusion	1 week
Due to: Arteriosclerosis - Hypertension	
Due to: Chronic nephritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Sarah M. Peyton M.D. M. D. or other

Address: Crisfield, Md. Date signed June 11

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (158)

CERTIFICATE OF DEATH

06774

Reg. Dist. No. 262

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Somerset

City or town Pocomoke City RR 1 Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Preston Norman Waters

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Baby

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1940

8. AGE:

Years	Months	Days	If less than one day
		9	hrs. min.

9. Birthplace Pocomoke City Md RR.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Preston Holden

13. Birthplace Pocomoke City Md RR

MOTHER

14. Maiden name Bernice Waters

15. Birthplace Pocomoke City Md RR

18. Informant Maggie L Smith

Address ~~Pocomoke City~~ Westover, Md

17. Burial Date thereof June 7 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Waters Cemetery

Location near Pocomoke City Md

18. Funeral director Gladstone Waters

Address Pocomoke City Md

19. June 7 1940 Mrs Clayton Davis

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 1:30 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19, to 19,

and that I last saw h alive on 19.

Immediate cause of death	DURATION
Weakness from birth.	
Due to No Physician	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Mrs Clayton Davis Reg. M. D. or other

Address Pocomoke City Md Date signed June 7-1940

RECEIVED
JUL 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-9)

CERTIFICATE OF DEATH

06375

Reg. Dist. No. 270

OUTSIDE CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McCready Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 days

Stay in this community (yrs., or mos., or days): 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Marion Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: White's Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Morgan Lee Whittington

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	child

6 (b) Name of husband or wife: child

6(c) If alive, give age: 1/2 years

7. Birth date of deceased (mo., day, yr.): June 18 - 1940

8. AGE: Years | Months | Days: 2 | If less than one day: hrs. min.

9. Birthplace: Marion Somerset Co Md
(Town, county, and state)

10. Usual occupation: infant

11. Industry or business

FATHER
12. Name: William Wood
13. Birthplace: Marion Somerset Co Md

MOTHER
14. Maiden name: Alverta Whittington
15. Birthplace: Marion Somerset Co Md

18. Informant: William Wood

Address: Marion Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof June 20 1940 (month) (day) (year)

Cemetery or crematory: Hesley Cemetary

Location: Marion Md

18. Funeral director: Elias H Wood

Address: Marion Md

19. June 20 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18 1940, to June 20 1940, and that I last saw h[illegible] alive on June 17 1940.

Immediate cause of death	DURATION
Congenital abdominal Hernia of liver	
Due to strangulated umbilical cord	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Hernia of liver into umbilical cord

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Sarah M. Peyton M.D
M. D. or other

Address: Crisfield, Md Date signed: June 20

RECEIVED
JUL 5 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

OUTSIDE CORPORATE LIMITS OF

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

06776

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County: Somerset

City or town: near Princess Anne

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Eden RFD Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Harold Thomas Wright

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 7 1915

8. AGE: Years 25 | Months 1 | Days 15 | If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farming

11. Industry or business

FATHER

12. Name: Aleck Wright

13. Birthplace: Maryland

MOTHER

14. Maiden name: Letitia Harmon

15. Birthplace: Maryland

16. Informant: Alexander Wright

Address: Eden Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 26, 1940 (month) (day) (year)

Cemetery or crematory: Flower Hill Country

Location: Eden Md

18. Funeral director: Wm. James Ton

Address: Princess Anne Md

19. 6/24 1940 (Date rec'd by registrar) J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22 1940, at 2 a.m.

21. I ~~CERTIFY that death occurred on the date above stated; that I attended deceased from~~ ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Gunshot wound of Chest

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide or homicide: Homicide Date of: 6/22/40

Where did injury occur? near Princess Anne Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): County Road

Means of injury: Gun shot wound Injured at work? No

HENRY M. LANKFORD, M.D. Deputy Medical Examiner for Somerset County

23. SIGNATURE: Henry M. Lankford M.D. M. D. or other

Address: Princess Anne Md Date signed: 6/24/40

RECEIVED
JUL 6 1940
BUREAU V S.